Case 2:01-mc-00021-KSH Document 44 Filed 08/24/05 Page 1 of 1 Page 10:35-05

PROCESS RECEIPT AND RETURN

U.S. Department of Justice United States Marshals Service

Scc

PROCESS	RECEIPT	AND F	RETÚ	RN	<i>></i> ★
PROCESS See Instructions	for "Service o	f Process b	by the U	.S. Marshal'	(~
on the reverse of	of this form.				

PLAINTIFF					cc	COURT CASE NUMBER			
Cityscape Corp, et al					MISC-01-21				
DEFENDANT					TYPE OF PROCESS Notice of Sale				
	curities Cor),	nt ocenen imiesi	PRO TO SERVER OF				OVER EVE	
SERVE				ETC., TO SERVE OF ock 361, (Esc			O SEIZE OR O	ONDEMN	
	/ 		ent No., City, State		sen count	-y <i>)</i>			
		<u>-</u>	•						
<u>AT</u>	<u> </u>		et, East Or		_				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: SAIBER SCHLESINGER SATZ & GOLDSTEIN, LLC. After: Namey A. Washington, Esq. One Gateway Center, 13th Floor Newark, NJ 07102						Number of process to be served with this Form - 285			
					Number of parties to be served in this case				
					Check for service on U.S.A.				
SPECIAL INST	RUCTIONS OR OTHI	ER INFORMATIO	N THAT WILL ASS	IST IN EXPEDITING	SERVICE (In	clude Business and	Alternate Addr	esses, All	
Fold	oers, and Estimated In	nes Avanable Por	Seivice).					Fold	
Please Post: August 11, 2005						185.	70 Ti		
At: Loc	ation Listed	Above					DISTRIC		
C:					THE DIRECTOR	it: with the agradical	nard Terror	<u></u>	
-	orney or other Originator		оп ослан от:	\sqcap PLAINTIFF		IE NUMBER			
Nancy A	. Washington,	. Pag.		☐ DEFENDANT	r <u>(973)</u>	622-3333	$-\left \frac{26/10}{23}\right $	<u>05</u>	
SPACE B	ELOW FOR U	USE OF U.S	. MARSHAI	ONLY — DO	NOT W	RITE BELO	ЖŤHIS	LINE	
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Total Process District of Origin to Serve			Signature of Autho	of Authorized USMS Deputy or Clerk Baskonill					
	ind return that [☐ have , company, corporation								
☐ I hereby con	tify and return that I a	um unable to locate	c the individual, con	mpany, corporation, ct	to., named abor	ve (See remarks be-	low)		
Name and title	of individual served (i	f not shown above)				suitable age an residing in the do of abode.		
Address (comple	te only if different than	shown above)	·			Date of Service	3 ; 30		
						Signature of U.S	Lick or in	epury	
Service Fee \$45.00	Total Mileage Charg (including endeavor	s)	Total Charges	Advance Deposits	Amount owed	to U.S. Marshal or	Amount of I	Refund	
REMARKS: P	losted at	170 N. Wal	nud-St., Eas	+ Orange	4,51 mil	LXX2= 9,0	A X 1 36 =	3.24 5.00	
				ŕ			4:	3.24	